

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3		2					53
4	1						54
5							55
6							56
7							57
8				1			58
9							59
10					1		60
11							61
12	1						62
13							63
14					1		64
15							65
16						1	66
17							67
18							68
19							69
20					1		70
21							71
22							72
23					1		73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.				1			TOTAL IND.
TOTAL DEP.			19				TOTAL DEP.
TOTAL CLAIMS		20					TOTAL CLAIMS